PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10071087

CLAIMS AS FILED - PART (Column 1)							(Column 2)			MY Z	OR_	OTHER THAN SMALL ENTITY	
TC)T/	L CLAIMS		9	9				RATE	FEE		RATE	FEE
FOR NUMBER FILED						NUMBER EXTRA			Basic Fee	370.00	OR	ASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS 5 minus 20=						•			X\$ 9=		OR	X\$18=	
Mf)FF	ENDENT CL	NMS	, minus 3 =		• —			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT									+140=		OR	+280=	
* If the difference in column 1 is less than zero, ente							olumn 2		TOTAL		OR	TOTAL	NO
			LAIMS AS A		RT II			SMALLE	NTITY	OR	OTHER SMALL	THAN	
			(Column 1)			mn 2) (Calumn 3) HEST		ול	3,000	ADDI-	Ĭ		ADDI-
MATA			REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY D FOR	PRESENT EXTRA	ŀ	RATE	TIONAL FEE		RATE	TIONAL
	1	otal	• 1	Minus	** 9	28	•	1	X\$ 9=		OR	X\$18=	
AMENDMENT		ndependent	• (Minus	***	<u>`</u>	•	1	X42=		OR	X84 ≈	
E	Ī	FIRST PRESENTATION OF MULTIPLE DEPENDEN				VT CLAIM		J	+140=.		OR	+280=	
						TOTAL		OR	YOTAL ADDIT. FEE				
Appril to													
_	- 10	TO 25 \$ 70 E	(Column 1) CLAMS	1.60	HK	HEST	•	7		ADDI-	ŀ		ADDI-
AMENDMENT B			REMAINING AFTER		PRE	MBER VIOUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
			AMENDMENT	Minus	PA	ID FOR		1	X\$ 9=		OR	X\$18=	
		Total Independent		Minus	***		-	1	X42=		OR	VOA	
	!	FIRST PRESI	NTATION OF	AULTIPLE DEF	ENDE	NT CLAIM				 -	1		1
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							ADDIT. FEE		JOA	ADDIT. FE			
(Column 1) (Column 2) (Column 3)													
Carendarent	_		CLAIMS REMAINING		HI N	GHEST UMBER EVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Z I	Total	AMENDMEN	Minus	•	ND FOR		┪	X\$ 9=		OF	X\$18=	
I		independent		· Minus			•		X42=		OF	X84=	
	₹	FIRST PRES	ENTATION OF	MULTIPLE DE	PEND	ENT CLAI	v D		-	+	1		
ľ	· · · · · · · · · · · · · · · · · · ·								+140=			`	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												ADDIT. FI	
		त छाट "Highest I "If the "Highest I The "Highest N	Number Previously umber Previously	y Paid For IN TI Paid For (Total	US SPA or Indep	CE is less to cendent) is t	hen 3, enter " he highest nu	3.°	r found in the 6	ppropriate (bax in	column 1.	
I									Consess and Trav	amort Office	U.S. C	EPARTMENT	OF COMMERC